

UNITED STATES DISTRICT COURT

FILED

for the

District of

JUN 22 2023

Division

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville

Case No.

3:23-mc-37

(to be filled in by the Clerk's Office)

Corker/McCook

Benny Chris Lowe

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Anderson County Detention Facility

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Benny Chris Lowe
 All other names by which
 you have been known:
 ID Number #24034 TI DOC # 369026
 Current Institution Anderson County Detention Facility
 Address 308 Public Safety Dr
Clinton TN 37716
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Anderson County Detention Facility
 Job or Title (*if known*) Jail
 Shield Number _____
 Employer _____
 Address 308 Public Safety Dr
Clinton TN 37716
City State Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 2

Name _____
 Job or Title (*if known*) _____
 Shield Number _____
 Employer _____
 Address _____

City State Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Constitutional Rights Lack of medical

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Lack of medical Violation of Constitutional Rights / Attachment ^{SEE}

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

C. What date and approximate time did the events giving rise to your claim(s) occur?

5-20-23 6:29 PM Is# 690676 5-28-23 10:28 AM Is# 670759
5-23-23 12:13 PM Is# 450794
5-06-23 8:26 AM Is# 4481351 5-10-23 1:48 PM Is# 4487916

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SEE ATTACHMENTS

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

TEETH, do not receiving antibiotics I lost teeth, gum and tissue damage
and still not seen dentist today's date 6-14-23

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

To receive compensation for loss of teeth, gum damage and jaw bone loss

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Anderson County Detention Facility

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

All of the claims on the Attachments

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

On the Kiosk

2. What did you claim in your grievance?

3. What was the result, if any? Never got antibiotics and never seen Dentist and put in 4 sick calls and only got seen 2 times and denied me medical + never seen
me or evaluated me on 2 sick calls

They gave me Ibuprophen

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Yes
Nurse Brown
Capt Mills
Capt Trent
Sgt Roberts

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

SEE Attachments

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6-14-23

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

~~Ben~~ ~~Chris~~ ~~Lowe~~ *Benny Chris Lowe*

24034 DOC # 369026

307 Public Safety Dr

Clinton

City

TN

State

37716

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

ID: 4481351

Date - 05-06-2023, 8:26 AM

Dentist, SICK Call

I need to be put on dentist list to have a filling done. im in very very bad pain please help.

Notes. Sir our dentist only does extractions no fillings.
Deputy Hensley...

ID, 4487916, 1:48 pm

Date 05-10-2023, 1:48 pm

Subject I need something for pain and some Anti-biotics,
SICK Call.

please put me on dentist list for a filling in a tooth and I have already Requested this but i never have been seen so please Make sur im on the dentist list thanks

Notes.. Seen for call. Meds ordered - NURSE BRow

ID # 448⁸⁰32 (SICK CALL)

DATE 05/16/2023 @ 9 AM

- SPEAK WITH NURSE
- I HAVENT BEEN GIVEN THE RIGHT MEDICATION FOR MY TOOTH. I REQUESTED FOR ANTIBIOTICS AND HAVENT BEEN GIVEN ANY. I WOULD LIKE FOR SOMEONE TO COME AND SPEAK WITH ME ASAP. I ALSO HAVE BEEN REQUESTING TO BE PUT ON THE DENTIST LIST TWICE NOW AND STILL HAVENT BEEN PUT ON IT. THANK YOU FOR YOUR TIME AND SORRY FOR BOTHERING YOU.

OTES: SIR YOU HAVE ALREADY BEEN SEEN FOR THIS ISSUE AND HAVE TAKEN MEDICATION. YOU ARE ON THE LIST TO SEE THE DENTIST AS YOU

ID# 668955

05/14/2023 @ 8:29 PM

DENTAL-MEDICAL

GRIEVANCE: OK ON 5/10/23 I FILED OUT A MEDICAL REQUEST FOR THE INFLAMED TOOTH AND NEVER GOT ANY ANTIBIOTICS JUST IBUPROPHEN. I NEEDED ANTIBIOTICS FOR THE INFECTION/ABSCESS AND CANT SEEM TO GET ANY TREATMENT NEEDED TO TAKE CARE OF IT.

NOTES: SIR, YOU WERE SEEN BY NURSE BROWN AND IBUPROPHEN WAS ORDERED. NO ANTIBIOTICS WERE NEEDED AT THE TIME OF THE REQUEST (NURSE BROWN)

ID# 670468

05/19/2023 @ 4:59 PM

DENTAL

GRIEVANCE: I HAVE PUT IN A SICK CALL IN WHICH I HAVE NOT BEEN SEEN. I HAVE NOT BEEN PUT ON ANY ANTIBIOTICS, ONLY IBUPROPHEN. AND I'VE PUT IN 2 SICK CALLS AND ONLY BEEN SEEN ON 1. THIS IS NOW MY 2ND GRIEVANCE, BECAUSE MY 1ST ONE STILL HASNT BEEN ANSWERED. THANK YOU.

NOTES: SIR, YOU NEEDED TO FILE A GRIEVANCE WITH MEDICAL (CPL MILLS) (APPEALED)

ID# 672659

05/27/2023 @ 6:06 PM

GRIEVANCE: I WAS TOLD TO ASK THE SGT AND WHEN I ASKED HIM I WAS DIRECTED TO THE UNIT OFFICER. INMAN WAS THE UNIT DEPUTY ON SHIFT AND WAS TOLD TO ASK A HIGHER UP. IM JUST IN NEED OF
Case 3:28-mc-00037-DCLC-JEM Document 1 Filed 06/22/23 Page 13 of 16 PageID #13
PROBLEM RESOLVED. THIS

ID# 4518374

5-30-23

I need to see dentist I have tooth that is infected, I requested to see you a week ago was this issue and you never came seen me, I need antibiotics for this infection will you please come see me with paying my sick calls

Nurse Brian / NOTES

Seen for sick call meds ordered on 6-6-23

Still No Antibiotics

ID# 4520784

5-31-23

I'm in very bad pain with teeth please come and see me so I can get something for pain & infection I have been asking for some help now for a month but I still can't get any I need antibiotics & a dentist we been trying to get nurse Brown to talk to me about my problem and sick calls I have put in 3 sick calls & only been seen for 1.

Nurse Brown / NOTES

Please refrain from placing multiple sick calls you will be seen at our earliest convenience

Benny C Lowe #24034
308 public safety LN
Clinton, TN 37716

RECEIVED

JUN 22 2023



UNITED STATES DISTRICT COURT
800 MARKET ST., SUITE 130
KNOXVILLE, TN 37902

RECEIVED

JUN 22 2023

Clerk, U. S. District Court
Eastern District of Tennessee
At Knoxville